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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. 1685 First Inventor or Application Identifier | Thorsen Title | Healthcare Payment, Reporting and Data Processing System

sional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No. | EJ291801450US

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See MPE	APPLICATION ELEMENTS P chapter 600 concerning utility patent application contents.	ASSISTANT Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231
1. X 2. X 4. Oath a. b.	* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets] - X Newly executed (original or copy) - Copy from a prior application (37 C.F.R. § 1.63 (d)(2) and 1.33(b) FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. X Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. X Statement(s) Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. (if foreign priority is claimed) 15. Other:
		Inying continuation or divisional application and is hereby incorporated by in has been inadvertently omitted from the submitted application parts.
	17. CORRESPOND	DENCE ADDRESS
— са	ustomer Number or Bar Code Label (Insert Customer No. or A	or X Correspondence address below
Name	Stephanie J. Smith Beck & Tysver	
4.4.	1011 First Street South	
Address	Suite 440	
City	Hopkins State	MN Zip Code 55343
Country	USA Telephone	612-933-5042 Fax 612-933-3049
	me (Print/Type) Stephanie J. Smith mature Stephanie Amit	Registration No. (Attomey/Agent) 34,437 Date 5/21/99

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (12-98)

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FEE TRANSMITTAL for FY 1999 Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.		Complete if Known			
		Application Number			
		Filing Date	5/21/99		
		First Named Inventor	Thorsen		
		Examiner Name			
		Group / Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$) 459	Attorney Docket No.	1685		

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)						
	3. ADDITIONAL FEES						
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	Large Entity Small Entity						
Deposit	Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid					
Account 500-246	105 130 205 65 Surcharge - late filing fee or oath						
Number Deposit	0 1 1 1 1 1 1 1 1 1						
Account Beck & Tysver, P.L.L.P.	127 50 227 25 Surcharge - late provisional filing fee or cover sheet.						
Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐	139 130 139 130 Non-English specification						
Fee Required Under	147 2,520 147 2,520 For filing a request for reexamination						
37 CFR 1.16 and 1.17		·					
2. X Payment Enclosed:	112 920* 112 920* Requesting publication of SIR prior to Examiner action						
2. X Payment Enclosed: X Check Order Other	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action						
	115 110 215 55 Extension for reply within first month	[;					
FEE CALCULATION	116 380 216 190 Extension for reply within second month						
1. BASIC FILING FEE	117 870 217 435 Extension for reply within third month						
Large Entity Small Entity Fee Fee Fee Fee Description	118 1,360 218 680 Extension for reply within fourth month						
Code (\$) Code (\$) Fee Paid	128 1,850 228 925 Extension for reply within fifth month						
101 760 201 380 Utility filing fee 380	Notice of Appeal						
106 310 206 155 Design filing fee	Filing a brief in ourport of an appeal						
107 480 207 240 Plant filing fee	Convention and beginn						
108 760 208 380 Reissue filing fee	Detition to institute a public use presending						
114 150 214 75 Provisional filing fee	Detition to soving unavoidable						
SUBTOTAL (1) (\$) 380	140 110 240 33	-					
	141 1,210 241 605 Petition to revive - unintentional						
2. EXTRA CLAIM FEES Fee from	142 1,210 242 605 Utility issue fee (or reissue)						
Extra Claims below Fee Paid	143 430 243 215 Design issue fee						
Total Claims20** = X =	144 580 244 290 Plant issue fee						
Independent 4 - 3** = 1 X 39 = 39	122 130 122 130 Petitions to the Commissioner	•••					
Multiple Dependent	123 50 123 50 Petitions related to provisional applications						
**or number previously paid, if greater, For Reissues, see below	126 240 126 240 Submission of Information Disclosure Stmt						
Large Entity Small Entity Fee Fee Fee Fee Fee Description	581 40 581 40 Recording each patent assignment per						
Code (\$) Code (\$)	property (times number of properties)	40					
103 18 203 9 Claims in excess of 20 102 78 202 39 Independent claims in excess of 3	146 760 246 380 Filing a submission after final rejection (37 CFR 1.129(a))						
104 260 204 130 Multiple dependent claim, if not paid	149 760 249 380 For each additional invention to be						
109 78 209 39 ** Reissue independent claims	examined (37 CFR 1.129(b))						
over original patent	Other fee (specify)						
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)						
SUBTOTAL (2) (\$) 39 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40							
SUBMITTED BY Complete (if applicable)							

SUBMITTED BY				Complete (if applicable)			
Typed or Printed Name	Stephanie J. Smith				Reg. Number	34,437	
Signature	Stephanis Alm	Da Da	ate 5/21	1 /1/2	Deposit Account User ID		

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